U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-3C-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 Û.S.C 439 or 440.

	For Official Use Only & Recd
	, (AUG 152005
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1. File Number U - 6436	2. Fiscal Year Covered From:			
	01 / 01 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Scott	Name Plumbers Local 75			
n at the same	Labor Organization File Number 009_300			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 11175 West Parkland Avenue	Street 11175 West Parkland Avenue			
City Milwaukee: 12 11 11 11 11 11 11 11 11 11 11 11 11	City Milwaukee 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
State WI ZIP Code + 4 5.32.24	State WI :: 3 ZIP Code + 4 53224			
5. Position in labor organization. Business Represe	entative , , , , , , , , , , , , , , , , , , ,			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name () () () () () () () () () (
Trade Name, if any				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true; correct, and complete. (See the section on penalties in the instructions.) Signed On Date Telephone Number				

U.S. Department of Labor Office of Labor-Management ·Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0138 Expires 11-30-2006.

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

(AUG 152005	, For
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E BROS				
1. File Number U -	2. Fiscal Year Covered From:			
r. riie Number 0 - [
	01 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Scott J. Redman	Name Piumbers Local 75%			
	Labor Organization File Number 009=300			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 11175 West Parkland Avenue	Street . 11175 West Parkland Avenue			
City Milwaukee	City Milwaukee.			
State WI ZIP Code + 4 53224	State WI ZIP Code + 4 53224			
5. Position in labor organization. Business Representative				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Y The State of the State o				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any	7.b. Amount.			
Street				
	, i			
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City State ZIP Code + 4				
State ZIP Code + 4	ature			
State ZIP Code + 4	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the			

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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For Official Use Only				
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ANG 152005				
CANS OFF				
1. File Number U -	2. Fiscal Year Covered From:			
	01 / 01 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filling.	4. Name, file number, and address of labor organization.			
Name Scott J Redman	Name Plumbers Local 750 100 100 100 100 100 100 100 100 100 1			
:	Labor Organization File Number 009-300			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street . 11175 West Parkland Avenue	Street 11175 West Parkland Avenue			
City Milwaukee	City Milwaukee			
State WI ZIP Code + 4 5.3.2.24	State			
5. Position in labor organization. Business Representative				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
	sions set forth in the instructions): derived income or other economic benefit of			
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1. File Number U -	2. Fiscal Year Covered From:			
	01 / 01 / 2004 Through: [12 / 31] /2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Scott (J Redman	Name Plumbers Local 75			
	Labor Organization File Number 009-300			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 11175 West Parkland Avenue	Street 11175 West Parkland Avenue			
City Milwaukee The Common City	City Milwaukee			
State WI ZIP Code + 4 53224	State WI ZIP Code + 4 53224			
5. Position in labor organization. Business Representative				
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6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Transfer of the Name Tran				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street	•			
City City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true correct, and complete. (See the section on penalties in the instructions.) Signed On P-P-OS Telephone Number				



PLUMBERS LOCAL 75

11175 West Parkland Avenue Milwaukee, Wisconsin 53224-3135 (414) 359-1310 FAX: 359-1323 (888) 248-3392

August 5, 2005



The transactions, dealings and interests that are reported on the attached FORM LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended FORM LM-30.